Approved, SCAO Original - Court 2nd copy - Plaintiff
Approved, SCAO 1st copy - Defendant 3rd copy - Return

STATE OF MICHIGAN			CASE NO.	
MSC REG. G-5 (V)	JUDICIAL DISTRICT			
30TH FOR 17TH	JUDICIAL CIRCUIT	SUMMONS	USD: 1:21-CV-78.	
	COUNTY PROBATE			
Court address			Court telephone no	

313 W Kalamazoo St, Lansing, MI 48933 (517) 483-6500 & 110 Michigan Ave NW Grand Rapids, MI 49503.

Court telephone no. 616-456-2381

Plaintiff's name(s), address(es), and telephone no(s).
IN RE: STACEY R. SMITH PRO SE; MCR 3.606; 3.305
855 KALAMAZOO AVE SE GRAND RAPIDS, MI 49507.
616-500-5316. MCR 3.302 - BREACH OF 17 TH
JUDICIAL CIRCUIT COURT SENTENCING PLEA
AGREEMENT - EVIDENCE; 17TH COURT RECORD.

Plaintiff's attorney, bar no., address, and telephone no.
PRO SE (INFORMA PAUPERIS) - MANDAMUS UT DE
FOEDERATUM - FEDERAL ORDER OF MANDAMUS
REQUEST INCONJUNCTION WITH AN IN RE
CONTEMPT PROCEEDING IN 30TH CIRCUIT COURT (INGHAM COUNTY) - LANSING - MCR 3.302; 3.606.

Defendant's name(s), address(es), and telephone no(s).
MSC: CHIEF JUSTICE - BRIDGET M. MCCORMACK
17TH CIRCUIT JUDGE GEORGE S. BUTH (RETIRED)
17TH CIRCUIT CHIEF JUDGE MARK A. TRUSOCK
LEAD (KENT) PROSECUTOR CHRIS R BECKER
DEFENSE COUNSEL JOHN R BEASON
LOWER COURT CASE NO.: 14-11012-FH.
SUBJECT-MATTER JURISDICTION: USD 1:16-CV-1381
MOTION FOR RELIEF OF JUDGMENT: MCR 3.302.
MOTION TO TRANSFER TO CURE WANT OF
SUPERINTENDING CONTROL: MSC: 161058; USCCA:
20-1716 & 17-1022 - COMPLAINT FOR WRIT OF
MANDAMUS - FOEDERATI ORDINE DE MANDAMUS.

**Instructions:** Check the items below that apply to you and provide any required information. Submit this form to the court clerk along with your complaint and, if necessary, a case inventory addendum (form MC 21). The summons section will be completed by the court clerk.

D	- 45 -	D - I -	42	<b>O</b>
Dome	STIC	Rela	TIONS	Case

Domestic Relations Case
There are no pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.
There is one or more pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint. I have separately filed a completed confidential case inventory (form MC 21) listing those cases.
☐ It is unknown if there are pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.
Civil Case
<ul> <li>✓ This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035.</li> <li>✓ MDHHS and a contracted health plan may have a right to recover expenses in this case. I certify that notice and a copy of the complaint will be provided to MDHHS and (if applicable) the contracted health plan in accordance with MCL 400.106(4).</li> <li>✓ There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.</li> </ul>
A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has
been previously filed in $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
it was given case number and assigned to Judge
The action $\square$ remains $\square$ is no longer $\ \ $ pending.
Summons section completed by court clerk.  SUMMONS

## **NOTICE TO THE DEFENDANT**: In the name of the people of the State of Michigan you are notified:

- 1. You are being sued.
- 2. YOU HAVE 21 DAYS after receiving this summons and a copy of the complaint to file a written answer with the court and serve a copy on the other party or take other lawful action with the court (28 days if you were served by mail or you were served outside this state).
- 3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
- 4. If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Issue date	Expiration date*	Court clerk
·	 	

<sup>\*</sup>This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

## PROOF OF SERVICE

SUMMONS

Case No. USD: 1:21-CV-78.

TO PROCESS SERVER: You are to serve the summons and complaint not later than 91 days from the date of filing or the date of expiration on the order for second summons. You must make and file your return with the court clerk. If you are unable to complete service you must return this original and all copies to the court clerk.

## CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE

	<b>OFFICER CI</b>	ERTIFICATE	<b>E</b>	OR [	AFFIDAVIT OF PRO	OCESS SERVER	
I certify that I am		•		•		at I am a legally competent	
court officer, or attorney for a party (MCR 2.104[A][2]),				adult, and I am not a party or an officer of a corporate			
and that: (notarization not required)			party (MC	R 2.103[A]), and that:	(notarization required)		
			ons and complain		opy of the summons a	nd complaint,	
together with							
List a	all documents se	rved with the s	ummons and complair	nt			
						on the defendant(s):	
<b>5</b> 6 1 11							
Defendant's name			Complete address(es) of service			Day, date, time	
<b>—</b>							
				nplaint, together w	ith any attachments, or	n the following defendant(s)	
and have been Defendant's name	unable to co		ice. Complete address(es)	of sorvice		Day, date, time	
Delendant's name			Complete address(es)	of Service		Day, date, time	
I declare under the best of my information				vice has been exa	mined by me and that	its contents are true to the	
Service fee	Miles traveled	Fee		Signature			
\$		\$		Signature			
Incorrect address fee	Miles traveled	Fee	TOTAL FEE	Name (type or p	rint)		
\$	1	\$	\$				
			I	Title			
Subscribed and s	worn to befor	e me on		,		County, Michigan.	
My commission e	xpires:		Signat	ure:	erk/Notary public		
Notary public, Sta	ite or wichiga	in, County o	I				
			ACKNOWLEDG	MENT OF SERV	ICE		
I acknowledge that	at I have rece	ived service			gether with		
5				, , ,	Attachments		
			on	time			
			Day, date				
Signature			on l	pehalf of		·	